



Welcome

Thank you for allowing us the opportunity to care for your pet. To insure the best possible care, please take the time to fill out this form completely.

Please don't hesitate to ask us any questions you have about your pet's health.

Owner Information:

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ (circle one) Home Cell Work

Secondary Phone: _____ (circle one) Home Cell Work

Email: _____

Employer: _____ Work Phone: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Emergency Contact Name (Outside of the home): _____

Emergency Contact Phone: _____

How did you learn about our clinic? Yellow Pages Sign Website Facebook
 Used the clinic before Used the groomer before Other Media

Recommendation. Please tell us who we should thank. Each referral earns clients \$10 _____

Other _____

Pet Information:

Name: _____

Species: Dog Cat Other

Breed: _____ Color: _____

Birth Date: _____ or Estimated Age: _____

Gender: Male Neutered Female Spayed

Reason for visit: _____

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. I also understand that a deposit may be required for surgery or hospitalization.

Signature of client responsible for pet(s) _____ **Date** _____